

Information to identify the case:

Debtor 1: Vishnudat Persaud
 First Name Middle Name Last Name

Debtor 2: _____
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court: Eastern District of New York

Case number: **1-17-45194-nhl**

Social Security number or ITIN: xxx-xx-0795
 EIN: --_-----

Social Security number or ITIN: ----
 EIN: --_-----

Date case filed for chapter: 13 10/6/17

NOTICE OF DEFICIENCY – APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS**NOTICE IS HEREBY GIVEN THAT:**

The Application for Payment of Unclaimed Funds submitted on August 23, 2023 has the following deficiencies:

- ☐ Application
- ☐ Certificate of Service
- ☒ Supporting Documentation
- ☐ Payee Form (AO 213P)

EXPLANATION:

– A notarized statement of the signing representatives authority signed by an officer of the business

All deficiencies must be cured within 30 days of the date of this Notice or the Application for Payment of Unclaimed Funds may be denied.

Dated: August 24, 2023

For the Court, Robert A. Gavin, Jr., Clerk of Court